

Maine Department of Labor  
 Bureau of Unemployment Compensation, Tax Division  
 19 Union St., P.O. Box 259  
 Augusta, ME 04332-0259

**APPLICATION FOR VOLUNTARY ELECTION**

Business Name (if sole proprietorship, provide name of sole proprietor):	Date Business Started in Maine:
Address (Street, Number, City or Town, State, and Zip Code):	Describe Business Operated:

- A. Please fill out (type or print) this Application for Voluntary Election in black or blue ink. This application should be prepared in duplicate. Mail the original to the address above and retain the other copy for your records. If you need assistance in completing the form, please contact a Status or Field Representative at the telephone number on the reverse.
- B. Effective date of voluntary election status must be January 1 of the year coverage is to commence.
- C. This Application for Voluntary Coverage must be signed by a person with the authority to sign formal documents for the business.
- D. If you are a nonprofit employer, please provide us with the following information:
  - a). A copy of your By-laws and/or Charter, IRS nonprofit determination letter, and funding documents.
  - b). A short description of how you obtain your operating funds. Please be specific: \_\_\_\_\_
- E. Indicate in each of the following squares (representing the weeks of the current and preceding years) the highest daily employment within each week. Include all part-time workers and corporate officers:

Preceding Year 20_____	Week #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	Week #	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Current Year 20_____	Week #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	Week #	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52

- F. Enter the TOTAL amount of gross wages paid each quarter of the two calendar years in the item above.

Maine Payrolls	Calendar Quarter Ending March 31	Calendar Quarter Ending June 30	Calendar Quarter Ending September 30	Calendar Quarter Ending December 31
Preceding Year 20_____				
Current Year 20_____				



G. The undersigned, an employing unit under the Maine Employment Security Law, which has not met liability levels of employment, voluntarily elects under Section 1222(3)(A) to become a subject employer to provide unemployment insurance coverage for its workers effective January 1, 20\_\_\_\_\_, and to continue to be subject to Maine Employment Security Law for not less than two (2) calendar years. Dated this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

Name	Signature	Title
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**Findings by the Maine Department of Labor:**

Your application for Voluntary Election of Unemployment Insurance Coverage is:

[ ] APPROVED [ ] DENIED

Augusta, Maine (date) \_\_\_\_\_ Signed \_\_\_\_\_  
Bureau Director, Unemployment Compensation

**QUESTIONS?**

Contact a Status Representative at (207) 287-3176; Fax at (207) 287-3733,  
TTY (Deaf / Hard of Hearing): 1-800-794-1110, or  
contact a Field Advisor and Examiner at one of the numbers below:

Augusta .....(207) 287-6456	Bangor .....(207) 561-4094	Lewiston .....(207) 753-2897
Machias .....(207) 255-1934	Portland .....(207) 822-0212	Presque Isle.....(207) 768-6813